MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY

ALCO-SENSOR IV WITH PRINTER MAINTENANCE REPORT

RECEIVED
By Carol Day at 7:28 am, Feb 04, 2015
REPORT #7

Complete this report in duplicate at the time of the regular monthly preventative maintenance check, and whenever instrument is repaired. Send copy to Department of Health and Senior Services; retain original in department file.

ALCO SENSOR IV SN	PRINTER SN	DATE OF INSPECTION
030809	84.9324.042	02/03/2015

LOCATION OF INSTRUMENT (STREET AND CITY)	TIME OF INSPECTION
2410 Goodale Overland	7:16 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

- ☑ DIGITAL READOUT (ALL ELEMENTS OPERATIONAL)
- ☑ TEMPERATURE OF ALCO SENSOR (10°C - 40°C)
- ☑ PRINTER WORKING PROPERLY
- ☑ TIME AND DATE DISPLAYING PROPERLY

BREATH ALCOHOL ACCURACY STANDARDS

☑ SIMULATOR SOLUTION ☐ COMPRESSED ETHANOL-GAS MIXTURE

☑ STANDARD SUPPLIER GUTH Laboratories LOT # 14200 EXP. DATE 08/05/2016

☑ SIMULATOR TEMPERATURE (34°C ± 0.2°C) 34.0 SIMULATOR SN SD 2738 SIMULATOR EXP DATE 06/25/2015

☑ CALIBRATION CHECK – **(ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)**
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Check the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)

- ☑ 0.100% STANDARD - MUST READ BETWEEN 0.095% and 0.105% INCLUSIVE
- ☐ 0.080% STANDARD - MUST READ BETWEEN 0.076% and 0.084% INCLUSIVE
- ☐ 0.040% STANDARD - MUST READ BETWEEN 0.038% and 0.042% INCLUSIVE

TEST 1 ☛ .101	TEST 2 ☛ .101	TEST 3 ☛ .100

☑ RFI DETECTOR OPERATING

INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	(0-.04)	(.05-.09)	(.10-.14)	(.15-.19)	(OVER .19)
0	0	0	0	0	0

List any new parts and describe any alteration or modification that was made to restore the instrument to operate satisfactorily and within established limits (use other side if necessary).

INSPECTING OFFICER

SIGNATURE	PRINT NAME
▸ Penny L Nyswaner	Penny L. Nyswaner
TYPE II PERMIT NUMBER/EXPIRATION DATE	**TELEPHONE NUMBER**
230294 1-26-2015	(314) 428-1221

Return completed report to the: Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office
2875 James Boulevard
Poplar Bluff, MO 63901

AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER
services provided on a nondiscriminatory basis

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00116

Temp	Date	Time	g/ 210L

Air Blank:
02/03/15 19:16 .000
Subject Test: Man
22 02/03/15 19:16 .101

Subject Name
N/A

Subject I.D.
SUPERVISOR MAINT

Operator Name, I.D.
NYSWANER #461

Location
2410 GOODALE

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00117

Temp	Date	Time	g/ 210L

Air Blank:
02/03/15 19:17 .000
Subject Test: Man
22 02/03/15 19:17 .101

Subject Name
N/A

Subject I.D.
SUPERVISOR MAINT

Operator Name, I.D.
NYSWANER #461

Location
2410 GOODALE

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00118

Temp	Date	Time	g/ 210L

Air Blank:
02/03/15 19:19 .000
Subject Test: Man
24 02/03/15 19:19 .100

Subject Name
N/A

Subject I.D.
SUPERVISOR MAINT

Operator Name, I.D.
NYSWANER #461

Location
2410 GOODALE

AS IV Serial no: 030809
Version no: 532B

TEST RECORD 00119

Temp	Date	Time	g/ 210L

VOID: RFI
12 02/03/15 19:20

Subject Name
N/A

Subject I.D.
NYSWANER #461

Operator Name, I.D.
NYSWANER #461

Location
2410 GOODALE

GUTH LABORATORIES, INC.
590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **14200** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on **August 6, 2014,** using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1213%** (w/vol) ethyl alcohol. The expiration date for this lot number is **August 5, 2016** at 11:59 PM.

When used in a calibrated Simulator, operating at 34°C +/- .2°C, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L +/- 3%.**

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:
Testing was conducted using Cerilliant Reference Standard lot number FNI22211-02 whose values are traceable to NIST.
All balances are calibrated annually by an outside agency using NIST traceable weights.
Calibration verification is done prior to each use utilizing NIST traceable weights.

Simulator Calibration Report

This calibration report is to certify the alcohol reference simulator listed below has been examined and tested using standards traceable to the National Institute of Standards and Technology (NIST) in accordance with the standards set by the Missouri Department of Health and Senior Services Rules and Regulations: 19 CSR 25-30.051 (4).

Checked: 06/25/2014 Expries: 06/25/2015
Digital Them: SN:093767
MSC Tech: DDD Temp: 33.98
Agency: Overland Police Dept
SD 2738

Technician Printed Name: DONALD D. DEBOARD

Technician Signature: Donald D. DeBoard

Date: 06-25-2014

Contact: Missouri Safety Center

Breath-Alcohol Instrument Training Program

660-543-4834

STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES

BREATH ALCOHOL PROGRAM

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PERMIT

TYPE II

PENNY L NYSWANER

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs, and operate the following breath analyzer(s):

ALCO-SENSOR IV WITH PRINTER, INTOX EC/IR II

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577.020 through 577.041, RSMo and 306.111 through 306.119 RSMo.

DATE 11/26/2013

NUMBER 230294

EXPIRES 11/26/2015

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Gail Vasterling ,acting director

DIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

MO 580-0771 (6-10)

LAB-4 (R6-10)

STATE OF MISSOURI
DEPARTMENT OF HEALTH AND SENIOR SERVICES
BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

The named cardholder is authorized to operate an evidential breath alcohol instrument for the determination of the alcoholic content in breath form of expired air in Missouri.

Operator NYSWANER, PENNY
Permit No 230294
Date Issued 11/26/2013 **Date Expires** 11/26/2015